

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>U 21047 first filing</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>CECILIA A FRIEDERICH</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1480 ROUTE 28</u> City <u>VALATIE</u> State <u>New York</u> ZIP Code +4 <u>12184</u>	4. Name, file number, and address of labor organization. Name <u>UNITED SCENIC ARTISTS</u> Labor Organization File Number <u>046-022</u> P.O. Box, Building and Room Number, if any <u>15TH FLOOR</u> Street <u>29 WEST 38TH STREET</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code +4 <u>10018</u>
5. Position in labor organization. <u>FINANCIAL SECRETARY, BUSINESS REP.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>LEAGUE OF AMERICAN THEATRES</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>226 WEST 47TH STREET</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code +4 <u>10036</u>	7.a. Nature of Interest, Transaction, or Income. <u>I sit on the Tony Admin. Committee and am a Voter for the Anoinette Perry Awards (Tonys). In order to fullfill obligations as such I receive "Tony Voter Tickets" to performances of "Tony Eligible Shows". These shows are covered by CBA held by local.</u> 7.b. Amount. <u>NO STATED FACE VALUE ON TICKET</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>Cecilia A. Friederich</i></u>	On <u>Aug. 12, 2005</u> <u>212-581-0300</u> Date Telephone Number